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ABSTRACT

This guidebook is for school administrators, teachers, health care workers, parents, and students who want to help their schools prevent HIV, sexually transmitted diseases, and unwanted pregnancy among young people. The experience in more than 120 high schools in New York City has been the basis for the guide, which was developed with the help of evaluation results from the New York City Public High School's AIDS Education and Condom Availability Program. The following issues are addressed in chapters of the report: (1) defining the aims of a high school HIV prevention program; (2) involving students, parents, teachers, and school officials in planning; (3) establishing components of an effective HIV prevention program, including classroom instruction, peer education, parent participation, and health information; (4) developing policies supporting prevention and implementing a school HIV/AIDS prevention program; (5) meeting the needs of various populations, such as young women, gay and lesbian students, students with disabilities, and recent immigrants; and (6) linking the HIV prevention program to other school and community services. The final chapter provides a list of resources to help establish an effective program. These include 28 organizations, 12 hotlines, 2 Web sites, and publications of the New York City High School AIDS Evaluation Consortium. (SLD)

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PROTECTING youth PREVENTING aids

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A GUIDE FOR EFFECTIVE HIGH SCHOOL HIV PREVENTION PROGRAMS

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PROTECTING YOUTH, PREVENTING AIDS

A Guide for Effective High School HIV Prevention Programs

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May 1998

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At Hunter College, several individuals participated in our high school HIV education programs and their insights contributed to this guide. These include Valle Kanuha, Catlin Fullwood, Lynn Roberts, Monifa Bishop, William Mercado, Enrique Rojas, and Rogerio Pinto. At the Academy for Educational Development (AED), Yvonne Rafferty, Nancy Nevarez, Ken Wilson, Kelly McCants, and Denise Gaffor-Mohammed led focus groups of students, parents, and staff, and contributed to our analysis of the findings. At New York University (NYU), Lisa Leiberman and David Ward played key roles in interpreting our findings and assessing their implications for other school systems. The evaluation was led by Alice Radosh at AED, Nicholas Freudenberg at Hunter College, and Sally Guttmacher at NYU; this guide is one result of our collaborative effort.

Special thanks to Elayne Archer at AED for her patient and skillful editing of this guidebook, and Galen Smith for the graphic design. Finally, thousands of students, parents, and teachers were willing to answer questions about sensitive subjects. Without their willingness to share their experiences, the evaluation—and this guide—would not have been possible.

Throughout the guide, quotations from students, parents, teachers, and administrators have been included. The sources are primarily the interviews and focus groups conducted for the evaluation of the New York City program. In addition, some are taken from materials produced by the Technical Assistance Project of the New York City Board of Education or from newspaper accounts of the New York City program.

The content of this guide does not necessarily reflect the opinion of the New York City Board of Education or the institutions participating in the evaluation.

Nicholas Freudenberg, DrPH
Alice Radosh, Ph.D.
New York City, May 1998

chapter 1
Introduction

This guidebook is for school administrators, teachers, health care workers, parents, and students who want to help their schools prevent HIV, STDs, and unwanted pregnancy among young people. It is estimated that:

- **Every day more than 25 adolescents in the United States become infected with HIV.**

- **About 20 percent of the more than 600,000 Americans diagnosed with AIDS are presumed to have become infected during their teen years.**

- **Each year more than three million teens contract a sexually transmitted disease (STD), and more than one million teenage women become pregnant.**

These alarming numbers show that the human, social, and financial costs of failing to prevent HIV, STDs, and teen pregnancy are high indeed.

Fortunately, there is another, less familiar story. In recent years, rates of teen pregnancy and STDs, although still high, have begun to fall. Several studies have shown that more teens are using condoms now than a few years ago, and many teens continue to choose abstinence. Despite the fact that HIV infection has been detected among adolescents for more than a decade, there has not been the sharp rise in infection rates seen among men having sex with men and injecting drug users in the earlier years of the epidemic. These facts suggest that HIV prevention programs can make a difference and that teens can take action to protect their health.

The nation's schools are one of the most important arenas for HIV prevention. No other setting reaches more young people and none is as clearly dedicated to providing young people with the information and skills they need to be successful adults. Thus, helping schools to plan and implement effective HIV prevention programs is a key public health strategy.

In 1991, the New York City Board of Education mandated all 120 public high schools to implement a comprehensive HIV/AIDS prevention program. Schools were required to teach six AIDS education lessons at each grade level each year. They were to form an HIV/AIDS education team that included at least one parent, student, health resource room staff member, teacher, principal, and assistant principal.

What attracted the most attention from the media was the plan to make condoms available to any high school student who requested them. Health resource rooms where condoms and health education materials were available were to be created and open at least 10 periods each week, with flyers on scheduled hours and services posted throughout the school. Both male and female teachers and other personnel were to volunteer to be present to staff these rooms. Schools were expected to provide at least one AIDS information training session for parents every year. Finally, the school was expected to evaluate how well its AIDS education program was operating and the ways in which it could be improved.

New York City is not alone in taking action to protect its young people. Protecting high school students against HIV infection, other sexually transmitted diseases, and pregnancy is now part of most schools' missions, and every state mandates HIV education in its high schools. While schools may differ on the best ways to achieve these goals, there is consensus that school officials and teachers have a responsibility to do what they can to ensure that the young people they are educating today will reach adulthood safe, healthy, and alive. Many school systems around the country have chosen to make condoms available to students, including school districts in Los Angeles, Santa Fe, New Haven, Santa Monica, Seattle, Stockton, and Washington, D.C., among others. In addition, schools with school-based health clinics make condoms available to students in Chicago, Dallas, Portland, Philadelphia, Little Rock, Boston, Baltimore, and other cities.

This guide seeks to help schools develop effective programs to protect the health of their students. The experience in more than 120 high schools in New York City demonstrated that every high school has teachers, staff, parents, and students who want to do something about AIDS and that every school can do something to better protect its students. Moreover, our evaluation of the program demonstrated that these efforts contributed to reduced risk of HIV infection. The majority of America's teens live in cities and metropolitan areas, and it is in these areas that HIV infection is most common. Thus, urban schools have both the opportunity and responsibility to offer effective HIV prevention programs. For these schools, the New York City experience may be particularly relevant.

The guide is based largely on the experiences and evaluation of the New York City Public High School's AIDS Education and Condom Availability Program, the nation's largest single HIV program for young people, as well as

a review of other HIV prevention programs for teens and the experience of the research team in working with young people in and out of schools over the last 10 years.

ORGANIZATION OF THIS GUIDE

In this guide, we summarize some of the lessons we have learned from evaluating the New York City program. Specifically, we address the following issues entailed in setting up an effective high school HIV prevention program:

Defining the aims of a high school HIV prevention program

Involving students, parents, teachers, and school officials in planning

Components of an effective HIV prevention program

Developing policies supporting prevention and implementing a school HIV/AIDS prevention program

Meeting the needs of various populations

Linking the HIV prevention program to other school and community services

The final chapter of this guide provides a list of resources to help you establish an effective school HIV prevention program.

Please note that there is no copyright on this guide. We encourage you to make as many copies as you need for your school/program and would be happy to send you an unbound original for this purpose. Contact Alice Radosh at the Academy for Educational Development, 100 5th Avenue, New York, NY 10011, 212-367-4565; E-mail aradosh@aed.org.

chapter 2

Defining the Aims of a High School HIV Prevention Program

The first and most important step in planning a school HIV prevention program is to select the goals and objectives of the program. Clearly, the broad goal is to prevent young people from getting HIV infection. People differ, however, on how best to achieve this aim. By discussing the seven common objectives listed below, your school can identify its priorities. A clear statement of objectives provides a foundation for making decisions about activities.

Most effective high school HIV prevention programs seek to achieve several of these objectives. Many activities, such as peer education or counseling, can realize several aims at once. Involving all those who have a stake in HIV prevention—young people, parents, teachers, school administrators, health professionals, and community activists and leaders—in choosing the goals of a program, will help ensure that the program reflects the needs and concerns of all involved.

1. Increase accurate understanding of HIV

All young people have the right to know how to protect themselves. Ignorance is a fundamental cause of risk-taking behaviors. Strategies to provide information include classroom instruction, peer education, and special events. At the same time, information alone is not sufficient. Most of the population, including young people, already know the basic facts about HIV and repeating these same facts turns people off. The key challenge is to identify what students need to know about HIV and to find sound ways of providing this information.

2. Help students reduce risk behavior

Almost every HIV prevention program emphasizes the importance of reducing risk behavior—unprotected sexual intercourse and injecting drug use. Some programs, especially those aimed at younger teens, stress abstinence; others the use of condoms and safer sex methods. Most schools combine these approaches. Programs can achieve this goal by teaching social skills like refusing to have sex or negotiating condom use, providing counseling, offering peer education, or making condoms available.

3. Encourage students to discuss HIV topics

Some programs want to encourage an open discussion about HIV, sexuality, condoms, and abstinence to reduce the stigma of AIDS. Research suggests that people who talk about HIV, sexuality, or con-

doms with teachers, parents, peers, or partners are more likely to take action to protect themselves. School programs can achieve this goal by encouraging classroom discussions about AIDS, setting up peer education programs, organizing special events on AIDS, and offering workshops for parents to help them talk to their children about AIDS and sex.

4. Reduce discrimination against people with AIDS

People with AIDS often encounter prejudice, and the fear of discrimination can prevent adolescents from seeking information or services that could protect them. For this reason, some school programs seek to reduce discrimination against people with HIV, those perceived to be at risk (e.g. gay males or drug users), or those who have an affected family member. Helping young people get to know people with HIV, examining the feelings and attitudes that lead to discrimination, and offering opportunities for volunteer work with people with AIDS are methods used to achieve this goal.

5. Link students with special needs to services

As the epidemic has spread, many schools now include students who are themselves HIV infected or who have affected family members. Some school programs actively seek to link these students with the health care, social services, legal assistance, and emotional support they need to cope with their situation. At a minimum, peer education and support, counseling, and linkages with other agencies can create an environment where students in need can learn about available services.

6. Use AIDS as a lens to help students learn about other issues

The AIDS epidemic has challenged and forced a new understanding of biological, social, legal, and ethical issues. Some schools have used interest in AIDS to spur students to investigate the complex phenomena surrounding the disease and to examine the modern world. This approach can include integrating HIV into various curricula, offering multidisciplinary courses, creating research projects, and establishing internship programs.

7. Promote the health of young people on related issues

Many circumstances that put young people at risk of HIV infection also contribute to pregnancy, STDs, violence, and other mental and physical health problems. Some school programs help young people learn about the range of health choices they will confront and take action to promote their health on many fronts. These programs often integrate HIV prevention into comprehensive health and sexuality education, school health services, physical education, and community service.

I learned that you shouldn't act scared of people with AIDS. You should be there for them because at that stage they need more love. I went to the hospital to see AIDS patients, some of whom were my friends. I hugged them so they could see I loved them and was not scared of them.

NEW YORK CITY HIGH SCHOOL STUDENT

chapter 3

Involving the School and Community in Planning the HIV Prevention Program

While HIV prevention programs should reflect the knowledge of experts in health, education, and youth services, to be successful they must also include other kinds of experts: the young people themselves, their parents and teachers, and school administrators. Successful program planners have incorporated the wisdom, experience, and commitment of these stakeholders.

One of the strengths of the New York City HIV prevention program was the broad participation of many sectors of the community in planning and discussing it. A citywide HIV Advisory Committee served as a vehicle for including diverse groups in the planning process and giving people an opportunity to voice their opinions and to hear other points of view. Even when there was conflict about specific aspects of the program, the controversy forced everyone to pay more attention to the problem of AIDS and teenagers.

The students are the lifeline of this program and their enthusiasm is contagious.

TEACHER, NEW YORK CITY HIGH SCHOOL

To bring various groups into the process of planning and carrying out a school HIV prevention program requires an understanding of what each group can contribute to the process; what, beyond a desire to protect the health of others, motivates its members to act; and what factors will engage this group and maintain its involvement. The following is a brief summary of what evaluators learned from students, parents, teachers, administrators, other school staff, staff in community-based organizations, health and social service professionals, and community leaders and elected officials.

STUDENTS

Students often bring energy and enthusiasm to a program and an ability to reach other young people. In turn, the program can offer them a chance to learn new skills, have new experiences, and be part of a supportive peer group.

KEY ACTIONS TO INVOLVE STUDENTS

1. Put young people in charge of recruiting other young people.

2. Be certain that students' opinions are valued and that they have a real say in decision making.

3. Encourage a feeling of making a difference.

4. Offer school credit for participation.

5. Make participation fun and exciting.

6. Plan meetings and activities in a way that minimizes interference with school work, social life and family obligations.

PARENTS

The participation of parents provides support for the program with school and elected officials and provides a way of reinforcing the school's message at home. Parents are frequently motivated to participate out of a desire to protect their children and learn new skills to communicate with them more effectively about HIV, sexuality and drugs. For some parents, participation provides an opportunity to voice their opinions on an issue that has affected their family and that they feel strongly about.

KEY ACTIONS TO INVOLVE PARENTS

1. Hold events in the neighborhood and at convenient times.

2. Offer concrete help in talking about these topics and solving problems parents face with their children.

3. Be certain that parents feel accepted in the group and that their contributions are respected.

4. Make events positive social experiences—for example, by serving refreshments.

5. Build in time for repeated phone calls and reminders to encourage participation.

I don't like the parents' not having a say whether or not their kids should have condoms. Half of these children are having sex, and they are too young for it. Somebody has to stand up and say, "No, don't do it."

My kids don't communicate with me. I think it's better for the school to handle it.

I am a single parent of a 16-year-old son. I don't know how to tell him to put it on this way, cause I'm not a man. That's why if someone at the school could teach him, that would do me a favor.

PARENTS OF NEW YORK CITY HIGH SCHOOL STUDENTS

TEACHERS AND OTHER SCHOOL STAFF

The support of teachers and other school staff is critical. They bring a knowledge of how schools work and how to change the curriculum. They have an

ability to reach students in the classroom and at other school activities and are able to identify young people with special needs. For some staff, involvement in the program satisfies a professional interest in health education or a commitment to getting involved in the life of the community.

KEY ACTIONS TO INVOLVE TEACHERS AND STAFF

1. Identify teachers who are already concerned about AIDS and consider prevention as part of their professional responsibility.

2. Provide strong administrative support for this role, including extra pay or release time for some activities.

3. Provide teachers with the information, training, and resources they need to overcome discomfort with the topic and to help them integrate HIV prevention messages into their interactions with students.

4. Create a positive social environment in which teachers get positive feedback from students and parents.

5. Be prepared to acknowledge concerns about taking on responsibilities that go beyond the job of teaching academic subjects, that can seem overwhelming because of the nature of the problem, and that are not specifically delineated in the contract.

SCHOOL ADMINISTRATORS

The involvement of administrators helps create a school environment that promotes prevention and signals support for the program to teachers, students, and elected officials. While mandates from central school officials or the belief that parents and teachers support the program might serve as the motivation for administrators to become involved, fear of opposition from parents, staff, elected officials, or religious groups could as easily discourage it. A belief that schools should focus only on academic issues or having inadequate resources to support the program might also discourage involvement.

KEY ACTIONS TO INVOLVE SCHOOL ADMINISTRATORS

1. Demonstrate that there is support for a school-based HIV prevention program and that a responsible program is unlikely to cause problems for them. This could be done by soliciting teachers, parents, health professionals, and community-based organizations to volunteer time and resources to the program.

2. Define HIV prevention as school policy, not an optional activity.

3. Provide positive feedback and support from students, parents, teachers, and school officials.

Where does the school draw the line between being a social institution and an educational institution? But if we don't move towards becoming more of a social institution, we are going to lose our kids to diseases and to pregnancy.

I received three or four lesson plans on AIDS, but I was never really told what to do with them, or when to teach them, or how to teach them, or even if I should teach them. I didn't even try to use them. I think I still have them among a stack of papers.

TEACHERS, NEW YORK CITY HIGH SCHOOLS

STAFF FROM COMMUNITY-BASED ORGANIZATIONS

Community-based organizations (CBOs) with experience in HIV prevention and other related health areas can provide direct services, such as counseling, case management, or recreational programs. Connecting to the school program offers CBOs an opportunity to expand or strengthen their HIV prevention services and meet the mandates of their agencies. At the same time, differences in beliefs about what constitutes effective HIV prevention, the perception that their services are not valued by school personnel, or an inability to fit in with school regulations can make collaboration difficult.

KEY ACTIONS TO INVOLVE STAFF FROM COMMUNITY-BASED ORGANIZATIONS

1. Define mutual expectations clearly and explicitly.

2. Structure relationship so that school involvement brings direct benefits to the organization, such as new resources and clients.

3. Recognize the role of community leaders and elected officials publicly.

I cannot believe that anything that would save children from dying could be wrong.

AIDS is a serious public health issue. You cannot educate dead kids.

PRINCIPALS, NEW YORK CITY PUBLIC HIGH SCHOOLS

HEALTH AND SOCIAL SERVICE PROFESSIONALS

Individuals with expert knowledge in HIV prevention and other health issues can lend credibility in the community. Involvement in the school's program helps them attract new clients to their organization and develop closer links with their community. The primary obstacles to participation are the fear of unreasonable restrictions by the schools on their professional judgement or of legal liability for acting outside their professional role.

KEY ACTIONS TO INVOLVE HEALTH AND SOCIAL SERVICE PROFESSIONALS

1. Clearly define expectations.

2. Structure relationship so that school involvement brings direct benefits (such as new resources and clients) to professionals' organizations.

3. Provide positive feedback from school officials, parents, and young people.

COMMUNITY LEADERS AND ELECTED OFFICIALS

The involvement of community leaders and elected officials also provides credibility for the program in the wider community. The motivation for their support might be media attention and the belief that support for the program could serve their political interests by providing new forums in which to reach constituents. The same media attention, however, can generate controversy that could alienate some constituents and make community leaders reluctant to support the program.

KEY ACTIONS TO INVOLVE COMMUNITY LEADERS AND ELECTED OFFICIALS

1. Organize support and involvement from significant constituencies.

2. Provide positive media attention.

3. Promote the program as protecting health and saving money.

chapter 4

Components of an Effective Prevention Program

The goal of the school HIV prevention program is to create a comprehensive program that provides a full range of related services. These include:

- **classroom instruction on HIV**
- **peer education**
- **special events**
- **condom availability**
- **parent activities**
- **counseling and referrals on HIV related issues**

By comparing your existing or planned program with this list, you can identify areas for future action. Comprehensive programs include all of the components listed, but some schools choose to begin with a few activities, then add others as the program develops. Also, not every school will have the resources or the political support to offer every component. It should be possible, however, to ensure that needs not met within the school are addressed by some external organization.

The next section summarizes some advantages and disadvantages of each component, provides examples of activities, and raises some questions to help a planning team get started.

CLASSROOM INSTRUCTION ON HIV

Classroom instruction incorporates prevention into the school's educational mission and ensures that students have accurate information about HIV and its prevention. This is particularly true when well-trained teachers offer lessons that develop specific skills and provide opportunities to practice these skills. However, some teachers may be uncomfortable with prevention messages or inadequately trained to teach about HIV effectively. Also, overexposure to basic HIV messages or teaching that is preachy may bore students. It is also important to remember that instruction by itself is unlikely to change behavior.

It wasn't easy to get the facts about HIV because people didn't go into detail. They'd say "Don't do oral sex." I didn't know what they meant. I looked up the word oral in the dictionary and it said "spoken" so I thought it meant moaning and groaning. It wasn't until I was trained that I understood what we were being cautioned about. You can't protect yourself against something you don't know.

NEW YORK CITY HIGH SCHOOL PEER EDUCATOR

THE CLASSROOM

▸ **Include HIV prevention in all health education or family living courses.**

▸ **Integrate HIV information into academic courses: for example, a mathematics class on HIV rates, a biology class on retroviruses, a social studies class on previous epidemics, a literature class on novels about AIDS or other epidemics, or debates in communications classes on the pros and cons of schools making condoms available.**

▸ **Establish a special elective course on AIDS, perhaps as a prerequisite for peer educators.**

▸ **Invite outside health professionals or AIDS educators to give classroom presentations, asking teachers to observe sessions so that they can teach them in the future.**

▸ **Provide computer-based instruction on HIV on school computers or assign students to find AIDS information on the Internet.**

▸ **Ask art students to design an HIV prevention poster for display in the school or music students to compose or perform music with HIV themes.**

▸ **Invite a person with AIDS to discuss his/her experiences.**

A lot of schools are teaching their kids about AIDS, but there are a lot of people on the street who are not as informed. It's up to the kids to spread what they learn in school.

NEW YORK CITY HIGH SCHOOL STUDENT

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What is the minimum amount of HIV instruction that all students should receive and what is currently happening in classrooms?
2. What is the current level of teaching skill in this area and should a training program be developed?
3. Who should be responsible for reviewing available curricula and planning and implementing curriculum?
4. Can community organizations and health professionals provide training or resources or augment classroom instruction?
5. How can HIV instruction be linked to broader health issues?

PEER EDUCATION

Using peer educators taps into the energy and commitment of adolescents, provides credibility, and has a positive impact on the peer educators themselves. It is a relatively inexpensive way to foster an environment that supports prevention. It is essential that school staff take responsibility for training and supervision if peers are to discuss sensitive issues or make condoms available to other students.

ROLES FOR HIV PEER EDUCATORS

- **Lead classroom discussions on HIV and related subjects.**
- **Lead groups on HIV issues in school but outside the classroom.**
- **Provide one-on-one support and education on HIV issues to other students.**
- **Make referrals for HIV counseling, testing and other services for students who express interest.**
- **Provide HIV education in churches and youth agencies and with family, neighbors, and peers.**
- **Make condoms available to other students who request them.**
- **Serve on the school AIDS team.**
- **Set up and staff a booth in a visible place in the school to distribute literature, sell T-shirts and buttons, and answer questions about HIV.**

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What criteria will be used to recruit and select peer educators?
2. What incentives are offered to maintain the involvement of peers?
3. How are peer educators to be trained, monitored and supervised?
4. Should peer educators provide information and services on a variety of health issues?

I became a peer educator because I was tired of hearing, "I'll never get it. I'm not gay, I don't shoot drugs." I wanted to teach them that this disease doesn't care about nationality, color, sex or sexuality. My aunt was proud of me, not only because she had HIV, but because I wasn't afraid of it or afraid to learn about it. After my aunt passed away, I stopped going to the HIV peer educator meetings and workshops. Now I realize I was letting many people down. Most of all, I was letting my aunt down. If it wasn't for her, I would still be afraid of this disease. I just want her to know that I'm back as a peer educator and that she always will have an impact on my life.

NEW YORK CITY HIGH SCHOOL PEER EDUCATOR

SPECIAL EVENTS

Special events are a way of strengthening classroom messages. They can reach many students in a short amount of time and provide opportunities for creativity and innovation. Generally they do not divert resources from a school's academic mission, and they build bridges between school and community. Special events are also an opportunity to reduce prejudice by allowing students, families, and school staff to interact with people with AIDS. However, events may require significant resources to plan and implement, and single events usually have a limited impact if they are not reinforced in a variety of settings.

The school brought teenagers in to talk with the students about AIDS, and my daughter said to me, before this, she didn't think it could happen to her. Now, she told me she realized it could.

PARENT OF A NEW YORK CITY HIGH SCHOOL STUDENT

SPECIAL EVENTS ON AIDS

- **Display or make a panel for the AIDS quilt.**
- **Organize or join an AIDS fundraiser, such as a walkathon or bike race.**
- **Invite a theater company to present an AIDS work or hold an HIV film festival.**
- **Organize a health fair for local health care and social service organizations.**
- **Sponsor a contest for the best poster, poem, rap song, short story or dance about AIDS or HIV prevention.**
- **Sponsor a contest to come up with the best line to say no to sex or to persuade your partner to use a condom.**
- **Invite teens and young adults living with HIV to discuss their experiences.**
- **Make and distribute HIV/AIDS red ribbons to students and staff.**

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What role does the school play in the special event (e.g. host, sponsor, partner)?
2. How can a special event be used to reinforce classroom instruction and the broader goals of the school's HIV program?

3 Is this event likely to cause controversy and how will this be handled?

4 What internal and external resources are available for the event?

5 What role can students play in organizing and carrying out the event?

CONDOM AVAILABILITY

Studies show that sexually active people who use condoms are far less likely to get HIV or other sexually transmitted diseases or become pregnant than those who do not. Condom availability sends a message that the school supports students' protecting themselves. Although it is controversial, controversy can have a positive impact by forcing everyone to think and talk about AIDS and its prevention. Since condom availability can become a lightening rod for opponents of all HIV prevention activities in

You can't prevent teenagers from having sex, no matter what you preach. If students are having sex, they might as well do it the safe way. It's a way for school to show that they actually care. It sends a message—safe sex.

Some teachers are more experienced about it [giving out condoms] and they don't give you a hassle. I feel that it is none of their business if you have sex or not. They are there to give you the condoms, not to stick their noses into your business.

I believe sex outside of marriage is wrong. If you have sex outside of marriage, you deserve what you get.

STUDENTS, NEW YORK CITY HIGH SCHOOLS

school, it is important to identify supporters of the program in advance and educate key constituencies about the benefits of condom availability. The box at the end of this section presents findings on condom availability from the evaluation of the New York City program.

WAYS TO MAKE CONDOMS AVAILABLE TO STUDENTS

- **From school staff who can offer counseling in health resource rooms**
- **From school-based health clinics**
- **From trained student peer educators**
- **From vending machines**
- **From parents, friends, partners**
- **By referrals to AIDS service organizations, health or family planning clinics, private doctors or pharmacies**
- **By encouraging neighboring pharmacies to display condoms so that customers don't need to ask for them**

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. Should condom availability start as a pilot program in one or two schools or as systemwide policy in all schools? New York City decided on systemwide implementation from the start, in the belief that no student should be denied the opportunity to participate in a life-saving program.

2. Who opposes the program and who supports it? In New York City, the major opposition came from outside the schools, conservative elected officials, and some religious groups. A majority of parents and teachers supported the program.

3 What are the costs and benefits of community controversy on condom availability? In the view of some, the controversy in New York helped to publicize the program and encouraged young people, their parents, and others to talk more about HIV and condoms.

4 How will a condom availability program be linked with other components of an HIV prevention program and other school health services?

5 Who should make condoms available? In New York City, teachers and other staff were trained to take this role on a voluntary basis. In other school systems, only health professionals make condoms available.

6 How will the condom availability program protect students' confidentiality? In New York, students were required to give an ID number, but not a name, to verify that they were not on the list of students whose parents did not want them to use the program.

KEY FINDINGS FROM AN EVALUATION OF THE NEW YORK CITY CONDOM AVAILABILITY PROGRAM

◆ Condom availability did not increases rates or onset of sexual activity: students in New York City high schools were no more likely to be sexually active than students in comparison schools where condoms were not available.

◆ Sexually active students in New York City were almost one-and-a-half times more likely to have used condoms at last intercourse as comparable students in comparison schools.

◆ High-risk sexually active students (three or more sexual partners in the last six months) were almost twice as likely to have used condoms at last intercourse as their peers in a comparison school.

◆ Parents supported the condom availability program, with 85 percent believing that making condoms available at school would not lead to increased sexual activity, 92 percent believing that teachers should talk to students about HIV/AIDS, and 69 percent thinking that schools should make condoms available. Less than 2 percent chose to opt their teenagers out of the program.

For more information on the findings of the NYC evaluation, see Chapter 8, Resources.

PARENT ACTIVITIES

While many young people report that they talk with their parents about HIV, several surveys have found that a majority of parents report that they have difficulty talking to their adolescents about HIV and related issues and want schools to help them. Involving parents can reinforce the school's message and help to ensure that school programs reflect parents and community values.

I don't always bring up the subject of sex but my kids know there's a big box of condoms in the house and every now and then some of them are missing.

NEW YORK CITY PARENT OF HIGH SCHOOL STUDENTS

ACTIVITIES FOR INVOLVING PARENTS

- **Invite a speaker on HIV prevention to a parents association meeting.**
- **Include articles on HIV in parent newsletters.**
- **Train parents to educate other parents about HIV in the schools and neighborhoods.**
- **Assign students to discuss AIDS with their parents.**
- **Set up a hotline where parents can call parents or peer educators with questions about HIV or related issues.**
- **Invite parents to school events on AIDS.**
- **Organize a conference for parents on talking to your children about sex and drugs.**

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What organizations in the school are already reaching parents on health or social issues? Can volunteers from these programs help the HIV prevention program get started?
2. Are there parents from other schools who are already active in HIV prevention and who can offer advice?

3 What are the responsibilities of participating parents and school staff in recruiting parents and planning the parental component of the program?

4 How can the parent program be linked with other parts of the school HIV program?

5 How can parents who oppose HIV programs be engaged to recognize the needs of different students and reassured that a school program does not usurp their authority?

6 Is it possible to hold meetings in the evenings and offer childcare and other incentives to encourage parents to attend?

COUNSELING AND REFERRALS ON HIV AND RELATED ISSUES

Counseling and referrals provide a backup for classroom-based activities and offer services that some students will need if they are to avoid HIV infection or cope with illness. However, while studies show that intensive counseling may be the most effective intervention for those at highest risk, poor or inadequate counseling can contribute to anxiety and mental health problems. Also, counseling raises complex issues related to confidentiality, supervision, and liability that not all schools are equipped to handle. Therefore, schools offering counseling should have significant resources or linkages to handle difficult issues that may arise.

It's unrealistic to expect your teen to tell you when they start having sex and need a condom.

I am the mother of a 15-year-old boy. I care deeply about the HIV/AIDS education and prevention information my child and all our children receive. My husband and I took part in the school's Parent AIDS Leadership Training Program. It was a powerful and empowering experience. I went with like-minded parents to other schools and spoke at their meetings. We need more parent educators and advocates.

My kids don't communicate with me. I think it's better for the schools to handle it.

NEW YORK CITY PARENTS OF HIGH SCHOOL STUDENTS

SOURCES FOR SCHOOL-BASED COUNSELING AND REFERRALS ON AIDS

- **Teachers or guidance counselors with special training in HIV**
- **Health professionals in school-based clinics**
- **AIDS counselors from outside agencies who are willing to be stationed in school**
- **Student peer educators with proper training and supervision**
- **Counselors in school-based drop-out, drug or pregnancy prevention programs**
- **Referrals to health departments, clinics or AIDS service organizations**
- **Local, regional or national telephone hotlines**

Every new kid that comes to me I make sit down for at least 10 minutes before I give out the condom. They have to read the material in front of me. I talk to them. I know the regular kids so I don't lecture them after so many times of them being here.

NEW YORK CITY TEACHER WHO PROVIDES CONDOMS

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What resources for counseling on HIV and related issues already exist in the school?
2. What are appropriate responsibilities for the school, and what tasks are best referred to HIV or mental health professionals? Are there mental health or HIV professionals who may be willing to work with the school to develop counseling and referral services?
3. What roles can student or parent peer educators play in informal counseling and referrals?
4. How can teachers, other school staff, and peer educators identify students who need counseling or referrals?

chapter 5

Developing Policies Supporting Prevention and Implementing a School HIV Prevention Program

This chapter discusses school and district policies that can have an impact on a school HIV prevention program, issues relevant to the start-up of a school program, and ways to monitor the progress of the program.

POLICIES TO SUPPORT PREVENTION

National, local, and organizational HIV policies can create support for HIV prevention rather than requiring individuals to initiate action. Also, the process of developing policies can educate students, parents, and teachers and have an impact beyond the school. At the same time, policy change requires persuading policy makers to take action, often a difficult task that can slow down other prevention initiatives.

When I found out I had contracted HIV from my boyfriend, I told my family and friends, thinking it wouldn't change the way they treated me. I was wrong. Some of them act like they don't want to come too close to me for fear it will rub off. They don't want to sit where I sat or touch what I once had in my hand. I sometimes find myself in my own little world, far away from "normal" people and people who once loved me. I didn't ask to become a walking time bomb.

If we don't get our education about condoms and AIDS in school, then where are we going to get it? You get the wrong information out there on the street.

NEW YORK CITY HIGH SCHOOL STUDENTS

SCHOOL POLICIES THAT SUPPORT HIV PREVENTION

- **Establish an AIDS team in the school and provide training on HIV for teachers, guidance counselors and other student service staff.**
- **Mandate classroom instruction on HIV.**
- **Provide on-site comprehensive health services, including birth control, STD treatment, and HIV counseling and testing.**
- **Develop policies to discourage student or staff harassment of female students, gay and lesbian students, or those perceived to have HIV.**
- **Make condoms available to students who request them.**
- **Develop protocols for protecting confidentiality.**
- **Develop protocols for identifying and protecting students with special needs and referring them to appropriate services.**

GETTING STARTED

QUESTIONS FOR THE PLANNING TEAM

1. What are the existing policies that support or block an HIV prevention policy?
2. Who has the authority to implement or change policy?
3. What strategies are most likely to be effective in convincing authorities to implement or change policy?

For large school systems, many policy issues will need to be settled at the district level, and it may be necessary to work with the superintendent, the local school board, and others in the system to develop HIV prevention policies. Activities that helped convince school officials in New York City to act included the following:

- **Private briefings for school officials on the dangers that HIV infection poses to young people, the benefits of prevention, programs implemented in similar school systems, and assistance in finding public or private support for a HIV prevention program.**

- **Public hearings on HIV prevention in which young people, parents, community groups, elected officials, and health experts testified about the benefits of HIV prevention.**

- **Newspaper, TV, or radio stories on the benefit of HIV prevention.**

AIDS educators can help school boards and superintendents make informed decisions by providing them with practical summaries of how other school systems have addressed AIDS prevention. The resources section at the end of this guide suggest sources for such information.

IMPLEMENTING A SCHOOL HIV PREVENTION PROGRAM

This section discusses establishing an AIDS team in the school, setting up a health resource room, protecting student confidentiality, training teachers and other staff, and supporting student activities.

Setting up an HIV prevention team in your school

In the New York City program, the school AIDS team played a key role in planning and implementing the HIV prevention program. Its role was to interpret the program mandates from the central office and set up a program that met these mandates, while addressing the unique characteristics of its school. The evaluation of the New York City program suggests the following answers to questions that schools often ask about AIDS teams.

Who should be on the AIDS team?

The team should include representatives of all groups who will be significantly affected by the HIV prevention program. This includes students, teachers, parents, administrators, and other school staff such as guidance counselors, health educators, or school nurses. In New York, the principal and assistant principal were mandatory team members, providing some guarantees that the school administration would be kept informed and have a voice in making all decisions.

Schools often debate whether to include representatives of all viewpoints on the AIDS team. Inviting individuals who are actively opposed to a school HIV prevention program probably does not make sense if they will be disruptive. These individuals should have other opportunities to voice their opinions, for example, at school forums or public hearings. No school would include an opponent of teaching mathematics on the school curriculum committee, and HIV education should not be treated differently.

In New York City, most schools had a team of 8 to 15 members; fewer members make it hard to get the work done, while more members make the meetings cumbersome. Most teams met about every two weeks during their first several months, then every month thereafter during the first year.

Should participation be voluntary or should the principal select members?

In New York City, some principals required individuals to participate and others asked for volunteers. A skillful principal can persuade competent staff to volunteer. Individuals who do not want to be part of the process should be excused as they are unlikely to make a positive contribution.

The ideal team member cares about AIDS prevention, can volunteer his or her time, has experience working for change in the schools, and has clout within the system. Unfortunately, few individuals meet all these requirements, but a well-rounded team should try to attract a group with these qualities. Some volunteers may be motivated by personal experiences, which can contribute to effective participation, but personal agendas can sidetrack the team from accomplishing its goals.

Should AIDS team members be compensated for participation?

Careful consideration of the incentives that motivate individuals to participate will help teams to keep members involved. For students, it might be academic credit; for teachers, release time from teaching or administrative responsibilities may help to sustain involvement. For all participants, regular recognition by school officials provides positive reinforcement. One advantage of limiting compensation is that it assures that only highly motivated volunteers will join the team.

What factors contribute to successful AIDS teams?

Our assessment of the New York City program identified several characteristics of effective teams:

- **Strong principal support:** Principals send a message about their support for HIV prevention. One principal, for example, made condoms available in her office. Another refused to allow HIV posters on

school walls. These actions communicated clear messages. Principals can show their support by attending meetings regularly; speaking out on HIV issues; recognizing the contributions of AIDS team members publicly; and delegating responsibility for the HIV prevention program to the team and giving it authority to make decisions.

- **Strong team leadership:** Most active teams had one or two individuals who provided leadership and motivation. They made sure the team met regularly and combined an emphasis on maintaining a commitment to the mission and having fun. Often, team leaders had personal or family experiences with AIDS.

- **Active participation in the team:** AIDS teams that made their presence felt in the school met regularly and included students as well as teachers and staff. The teams organized many events and looked for opportunities to bring up the issue of HIV prevention.

- **Strong student involvement:** Students can be the heart and soul of an HIV prevention program. Their active participation helps to reach other students and to maintain a sense of momentum. Strategies for involving students are discussed on page 10.

- **Celebrations of successes:** Recognizing accomplishments helped to maintain the involvement of team members. Teams from schools around New York City met once a year to honor schools that had developed innovative programs. Within the school, special assemblies on AIDS included a public thanks to team members. Some teams organized parties to celebrate their accomplishments.

- **Monitoring progress to achieve goals:** An ongoing assessment of the team's success in reaching its objectives helped identify both successes and shortcomings. Some teams reviewed their work plans regularly; others interviewed a sample of students to determine their impressions of the program. See also pages 34 and 35 for a discussion of evaluation methods.

AIDS education is a priority at this school. One of my students died of AIDS two years ago and one of my other students took care of him when he was ill. My students here are really involved.

NEW YORK CITY HIGH SCHOOL GUIDANCE COUNSELOR

What problems do AIDS teams commonly encounter?

The chart below lists some of the common problems that AIDS teams have encountered and some possible solutions. By carefully assessing the advantages and disadvantages of each solution for its school, the team can select a strategy that will reduce the problem.

PROBLEM	POSSIBLE SOLUTION
Lack of principal support	1. One or two team members meet with principal privately to understand his/her concerns and look for common ground. 2. Persuade principal to delegate responsibility for team to another administrator. 3. Raise issue with school board or superintendent.
Lack of member participation	1. Find another time or place to meet. 2. Provide food, entertainment, or a guest speaker to re-awaken interest. 3. Recruit new members. 4. Hold a discussion about why participation is low.
Lack of leadership by team leader	1. A few members can meet with him/her to suggest ways to provide stronger leadership. 2. Choose a new leader or ask principal to do so. 3. Discuss how group can better support leader to play a more active role.
Low student involvement in program	1. Meet with groups of students to understand why they are not involved. 2. Organize different kinds of events (e.g. poster or rap contest).
Lack of parent participation in program	1. Meet with groups of parents to find out why. 2. Find ways to interact with parents that do not require night-time visits to school (e.g. newsletter, community forums, parent peer educators).
Lack of teacher involvement program	1. Meet with groups of teachers to find out why. 2. Look for teachers who already have concerns about HIV.
Too many meetings; too little action	1. Break up team into action groups that are responsible for carrying out activities. 2. Use meeting times to hold open events.
Conflict over program goals	1. Review original mission of program. 2. Organize brainstorming session to look for common ground. 3. Vote on priorities and stick to majority decisions. 4. Allow those with different viewpoints to organize their own activities.
School apathetic about AIDS	1. Expand focus from AIDS to broader topics, such as sexuality, drugs, health or human rights. 2. Involve new or different students, parents, and teachers in planning activities. 3. Plan new types of activities.

Setting up a health resource room

In the New York City program, health resource rooms are places students can pick up condoms, obtain information on AIDS and other health issues, get referrals, and talk to trained school staff. These rooms are required to be open at least 10 periods a week and have trained male and female teachers or other staff available. In many schools, the health resource rooms have become a focal point for the HIV program. Some health resource room activities are listed below.

ACTIVITIES OF THE HEALTH RESOURCE ROOM

- Condoms are available and correct condom use is demonstrated.
- Training sessions for peer educators are scheduled.
- Posters, pamphlets, and referral lists on HIV, pregnancy, STDs are on display.
- Peer educators are available for informal discussions.
- Films and videos on HIV are shown on regular basis.
- AIDS quilt is displayed.
- Informal rap groups for all students or those with special needs are scheduled.
- Staff from community-based AIDS service organizations are available for counseling or off-site referrals.

Protecting confidentiality

From the start of the AIDS epidemic, individuals with HIV infection have encountered discrimination, prejudice, and hostility. Although these attitudes have diminished, many people still find that when others learn that they have an HIV infection, they can lose housing, a job, friends, or the support of family or loved ones.

If schools want to be a place where young people with concerns about AIDS can find help, then school officials need to ensure that students' requests for assistance remain confidential. Failing to protect confidentiality can raise serious psychological problems for the student and legal problems for the school.

Most states have laws on HIV confidentiality, and every school HIV team should understand these laws. Some activities that schools can undertake to protect confidentiality are contained in the box below.

PROTECTING CONFIDENTIALITY

Provide training on HIV confidentiality laws.

Provide written copies of the school policies on confidentiality to all school personnel and students who carry out HIV activities.

Establish a consulting relationship with an experienced HIV service provider to assist schools in resolving difficult circumstances (e.g. an infected student reveals he has had unprotected sex with an uninfected partner).

Establish programs and policies to reduce discrimination.

Include classroom discussions on confidentiality and discrimination as part of the HIV curriculum.

Training teachers and staff

If teachers and other school staff are to be effective AIDS educators, they need help learning the facts about HIV and developing the confidence to discuss them. Surveys of teachers in New York City found that most wanted more information about HIV.

Who can provide such training? Most cities have a variety of organizations experienced in training staff about HIV-related issues. These include the local or state health department, AIDS service organizations, and universities or medical schools. Some school systems have professional health educators who are qualified to provide training to other teachers. Some

questions school administrators need to ask in planning their training include the following:

1. What specific responsibilities will trained teachers be expected to carry out (e.g. teaching about AIDS, integrating HIV issues into other course material, counseling students about HIV-related concerns)? The answer to this question will dictate the goals and objectives of the training.

2. Does the school system have a specific curriculum on HIV, or is each teacher to decide what material to cover? If there is a curriculum, its content should shape the teacher training program.

3. Will training be limited to those in specific disciplines (e.g. health teachers, guidance counselors), or is it available to all staff who volunteer? Some schools provide basic training for all teachers and more intensive training for those who have specific responsibilities for HIV education. This decision is dictated by the available resources and the expectations of teachers and staff.

4. What should be the content of the training? A formal or informal needs assessment/survey should determine what staff already know and what they need to learn. By now, most people know the basic facts about HIV; therefore, a useful training program might emphasize the skills students need to master in order to make decisions to protect themselves.

5. Who should plan the training? In schools with a functioning AIDS team, that group can plan the training. In schools without a team, an ad hoc committee of teachers, administrators, and students can play this role. The trainers should also be part of the planning process.

6. How much training should be provided? In New York City, teachers who were members of the AIDS team received three days of training, later reduced to two. Realistically, most school systems will not be able to release many teachers for longer than that. One strategy some schools used was to follow one or two days of training with occasional updates and opportunities to share experiences. During the first year of the project, New York City also had full-time AIDS educators available to answer teachers' questions and help them plan activities.

Supporting student activities

As we have observed, the commitment, energy, and enthusiasm of students can be a valuable resource for a school HIV prevention program. Figuring out how to channel those assets into the program is a key challenge for an HIV prevention team. In New York City, a highly successful component of the program was a small grants program, called the BASE (Be Active in Self-Education) program. Each school could apply for a grant of up to $1,000 to support a specific student-planned HIV project in its school.

Schools can explore various ways to find resources for this type of grant. Local charities (such as the United Way or a community foundation), a civic group (such as the Lions), the city or county health department, a local hospital, or the school system itself may be willing to contribute to a fund to support student-initiated HIV prevention activities. Setting up an advisory board of prominent citizens and young people may help to attract such support.

STUDENT-INITIATED HIV PROJECTS IN NEW YORK CITY HIGH SCHOOLS

An HIV bilingual video with a talk show format and students of several nationalities

A van with HIV displays that conducted AIDS education on street corners and at street fairs

A beauty shop in the school that provided AIDS information

A radio show on HIV broadcast on the Board of Education's radio station

A training program on bereavement issues to provide support to students who had relatives with AIDS

A trip to Washington, D.C. to view the AIDS quilt and display panels made by students for loved ones who had died of AIDS.

Monitoring the HIV prevention program

One of the best ways to improve a school's HIV prevention program is to track its progress in achieving its goals. Informing the AIDS team or the AIDS educators about how well the program is being implemented and its impact on students can help the group review priorities and plan future direction. Generally, an assessment of an HIV program asks three types of questions, as described below.

Is the program being carried out as planned?

For this level of monitoring, the AIDS educators or the AIDS team should ask the following questions: Are the right number of AIDS lessons being taught? Is the health resource room open when it is supposed to be? Is it staffed by the right type of person? Is the school giving out condoms according to the plan? Were peer educators trained and are they providing other students with information and referrals? If it turns out that certain activities that the team believes are important are not being carried out, then it needs to find out why and decide how to remedy the problem.

Is the program reaching the people it is supposed to reach?

All the right activities can be in place but unless they reach the right people, the program is unlikely to be effective. Each activity has its own "target population." For example, general AIDS lessons are usually for all students in the school, and condoms are usually made available to students who are already sexually active. Some programs target "high-risk" young people, and staff training is often offered to those teachers who are teaching about AIDS. If any of these programs are not reaching the right people, then the AIDS team needs to find out why and develop a plan to address the problem.

Is the program in fact helping people reduce their risk from HIV?

Ultimately, an HIV prevention program is only effective if it helps participants take action to reduce their risk of HIV or if it achieves other goals as described in chapter two of this guide. While most schools do not have the resources to do a formal evaluation, every school can take some steps to find out if the program is making a difference. Some ideas include the following:

- **Organize focus groups of students to discuss whether they believe attitudes towards sex and condoms are changing in the school.**
- **Conduct anonymous surveys of students who pick up condoms to find out if they are using condoms every time they have sex.**
- **Conduct a systematic evaluation of the program with the help of a university, health department, or non-profit organization.**
- **Ask a group of students to develop an annual survey to track changes in knowledge, attitudes to or rates of abstinence, condom use, and other safer sexual behaviors.**

chapter 6

Meeting the Needs of Various Populations

The experience of the New York City program showed that some groups of students face particular obstacles to participating fully in HIV prevention programs. Discussed here are four key populations: young women, students who are gay or perceived to be gay, students with developmental disabilities, and students who are recent immigrants. School systems that identify other populations with special needs may find the principles described here relevant to these other groups, as well.

YOUNG WOMEN

Recent epidemiological evidence shows that HIV infection rates are rising most rapidly among young women, demonstrating the importance of both helping adolescent females obtain the knowledge and skills they need to protect themselves and addressing the power differences between the genders that block young women from protecting their health.

The evaluation of the New York City program suggested that some young women encounter obstacles in participating in HIV prevention activities, especially condom availability programs. Some young women reported that male students harassed or teased them for getting condoms at school. Others reported that teachers gave girls asking for condoms a harder time than they gave boys. Many young women complained about the disrespectful, sometimes abusive, ways that boys talked about them both in and out of the classroom.

Actions that schools can take to reduce these obstacles include class discussions on the sexual double standard; special training for teachers and guidance counselors on gender issues and HIV; establishing and enforcing school codes of conduct on sexual harassment and abusive language; and recruiting young women to join the AIDS team and peer education programs.

GAY STUDENTS

Focus groups with students in New York City high schools revealed pervasive homophobia and routine harassment of students who are perceived to be gay or bisexual. Not only is such discrimination unacceptable in its own right, it also acts as a powerful deterrent to participation in HIV prevention programs, for gay and straight students alike. Given that gay and bisexual young men are at significant risk of HIV infection, this discrimination has deadly public health consequences.

Schools have a responsibility to create a safe learning environment for all students. To reduce the obstacles that gay students face in participating in HIV prevention programs, schools can schedule classroom discussions and special events on homophobia and discrimination against gay people; establish and enforce codes of conduct related to harassment and other abusive behavior; invite gay and civil rights organizations to help the school develop policies, programs, and staff training to reduce discrimination; and provide safe places for gay students to discuss their concerns and obtain support from caring adults on coping with questions of sexual identity.

If a guy has sex and uses a condom, he's cool. If a girl goes in to get a condom, she's a whore. That's why I don't get condoms from school.

Guys treat girls differently if they come out of the condom room. They wait in the hallways and heckle you as you come out, saying things like, "Oh, oh, she's having sex."

FEMALE HIGH SCHOOL STUDENTS IN NEW YORK CITY

STUDENTS WITH DISABILITIES

Many school programs fail to take into account the special needs of students with learning or other disabilities. Some evidence suggests that those with developmental disabilities are at higher risk of HIV infection, emphasizing the importance of reaching this population.

To reduce the barriers that this group faces, schools can consult with service providers to identify HIV curricula and educational materials developed for people with developmental disabilities; invite experts to meet with the HIV team, train teachers and staff, and assist in program development for this population; and develop and enforce codes of conduct that reduce discrimination or harassment of people with developmental disabilities.

RECENT IMMIGRANTS

Many urban school systems have a significant proportion of students who have come to the Untied States recently, who may not speak English, and who may be unwilling or unable to use health and social services. To enable these students to participate more fully in HIV prevention programs, schools can obtain materials in various languages; invite social service providers experienced in serving the population to assist the HIV team to plan and implement culturally relevant programs; develop special programs for non-English speaking parents; and invite bilingual students and parents to participate in peer and parent education programs so that they can play a role in educating their family and friends.

chapter 7

Linking the HIV Prevention Program to Other School and Community Services

HIV prevention programs usually have limited resources, and most schools have other on-site programs that help young people protect their health. By connecting the HIV prevention program to these other programs, even a small HIV program can have a big impact. In the New York City high schools, many programs contributed to the HIV prevention programs and frequently these other programs benefited from the collaboration. Using the list below, AIDS educators can conduct an inventory of the programs that may support their work and then negotiate agreements for collaborative efforts.

SCHOOL HEALTH EDUCATION

Most high schools have a health education program; often health is a required subject in one or more grades. Although the quality of school health education varies considerably, the health education department is often a logical home for the HIV prevention program. Having a regular class in which to teach about HIV, having teachers trained in health content and educational methods, and being able to link teaching on HIV to other relevant lessons are big advantages for an HIV prevention program.

Ask your health education teachers if they are using a national curriculum for the AIDS lessons. After reviewing the curriculum, the AIDS team may want to meet with the health education teachers to suggest strengthening the curriculum, perhaps by bringing in outside speakers or defining new roles for trained peer educators. Consult the resources section in this guide for sources for AIDS curricula.

SCHOOL HEALTH CLINICS

Hundreds of schools around the country now have school-based clinics, facilities staffed by health providers who offer some services on site and are usually connected to a health care facility that offers more comprehensive treatment. In some schools, clinic staff make condoms available to students; other clinics offer HIV counseling and testing. Other services may include pregnancy testing, birth control, referrals for abortion, and STD testing and treatment.

A school HIV prevention program can connect to school health clinics in several ways: health education classes can inform students about HIV-

related services at the clinic; peer educators and teachers can refer students to the clinic for HIV counseling, pregnancy testing, or STD services; clinic providers can reinforce classroom messages on HIV prevention; and peer educators can lead HIV workshops at the clinic.

In some cases, a local community health center or hospital will agree to provide health services to high school students at their own site, rather than in the school. These facilities can provide many of the same services as the school-based clinics, although the logistical and organizational issues of having separate sites and administrations will need to be addressed.

PREGNANCY PREVENTION PROGRAMS

Some urban schools have pregnancy prevention programs that help students avoid pregnancy either by remaining abstinent or using contraception. They often provide counseling and support groups, or offer birth control. Some make a special effort to help young women who already have a child to avoid a second pregnancy, and a few reach out to males as well as females. These programs can play a role in HIV prevention by emphasizing that condoms help protect against pregnancy, as well as HIV and other STDs, by including HIV prevention messages in their workshops and counseling, and by reaching out to young women who already have children, a vulnerable group that regular HIV programs may miss.

SUBSTANCE ABUSE PROGRAMS

When young people are high on drugs or alcohol, they are less likely to practice safer sex. Many schools have substance abuse programs that seek to warn students about the dangers of drug use or to teach skills that will make it easier for young people to say no to drugs; some help young people who are already using or experimenting with drugs or have family members with a drug or alcohol problem; and others offer alternative activities designed to keep young people out of trouble.

Substance abuse programs can support HIV prevention in many ways. A key role is to help students who are using drugs to find treatment, especially the relatively few high school students who inject drugs, putting themselves at high risk of HIV. In some schools, substance abuse programs participate in recruiting, training, and supervising peer educators, who can talk to students both about substance abuse and HIV. Some studies suggest that adolescent children of drug users may be more likely to engage in high-risk behaviors, suggesting the importance of reaching out to those with a drug-using family member.

In our assessment of the New York City HIV program, we found that the on-site program designed to help young people at higher risk of drug use played an important role in HIV prevention. Its counselors were more available to students than teachers and more likely to be perceived as role models. They provided HIV counseling and made condoms available to students.

DROPOUT PREVENTION PROGRAMS

Many urban high schools have dropout prevention programs that offer counseling and support to those at risk of dropping out of school. These programs also seek to find young people who have dropped out and help them return to school. Dropout prevention programs reach a group of students at higher risk of HIV: older students who are more likely to be sexually active and use drugs and may miss the school-based HIV education. By training dropout prevention staff to provide HIV counseling, by providing them with HIV literature to distribute to the young people they reach, and by preparing them to make referrals for health care and drug treatment, school HIV programs can help protect a vulnerable group from infection.

COMMUNITY-BASED AIDS SERVICE ORGANIZATIONS

Most urban communities have one or more organizations that provide HIV prevention education and care for people with HIV/AIDS. These organizations can help school prevention programs in the following ways:

- **Send speakers on HIV prevention to classes or special events. (Many schools have found that people who are HIV positive can make effective educators for adolescents).**
- **Assist in training teachers, school staff or peer educators about HIV.**
- **Out-station HIV counselors or peer educators at school clinic or in the health resource room.**
- **Accept referrals for counseling, case management, and support groups for students, family members, or school staff.**

Because schools and community-based organizations (CBOs) operate with a different set of rules and assumptions, it is sometimes difficult for the two to work together effectively. For example, CBOs often take the position that they will do whatever it takes to control AIDS, while schools have to balance their educational mission and their accountability to elected officials with the commitment to fighting AIDS. Schools are not always comfortable with the "grass-roots" style of CBOs, and CBOs often feel constrained by a school's regulations and limited hours. To reduce conflicts or misunderstandings, school and CBO staff should define the goals of their collaboration for HIV prevention, make clear their ground rules and organizational needs, and set up a process for addressing differences that may arise.

YOUTH PROGRAMS

Youth organizations provide educational, recreational, vocational, and health-related services to young people while they are not in school. Some national and local organizations—such as the Boys and Girls Clubs, Girls Incorporated, the Boy and Girl Scouts, the YM/YWCA, settlement houses, or multiservice youth centers—already have relationships with schools, running after-school, summer, or school-based health or social service programs. Their contributions to a school HIV prevention program can include the following:

- **Help in planning and carrying out communitywide HIV prevention campaigns**
- **Special programs to reach out-of-school or chronically absent young people**
- **Training on health-related or youth development issues for school staff**
- **Counselors or educators as guest speakers in classes or at special events**
- **An existing peer education program that can serve as a base for a school program**

A few youth organizations have expertise in working with specific subpopulations of young people: young women with children, Latino or Asian youth, gay and lesbian youth, or young people with developmental disabilities. Enlisting these organizations in planning the school HIV prevention program can help ensure that the special needs of these groups are met.

Like other organizations, youth agencies sometimes have difficulty working in schools, and an explicit discussion of the mutual expectations is an important first step in establishing a collaborative relationship.

SOCIAL SERVICE OR MENTAL HEALTH AGENCIES

While all young people need to know how to protect themselves against HIV, many young people at highest risk of HIV infection have serious family or psychological problems. They may be victims of neglect or physical, mental, or sexual abuse; their parents may be drug or alcohol users or be incarcerated; and/or parents or other family members may be infected with HIV. Taking these young people out of the path of the epidemic often requires addressing these underlying problems. Thus, comprehensive school HIV prevention programs need to establish relationships with a mental health or social service agency. In some schools, the guidance counselors or student services staff can take on these challenges, but few schools, especially urban schools, have the resources to match their students needs. Social service or mental health agencies can support the school HIV program by doing the following:

- **Establishing linkage agreements for referral of students and family members with problems**
- **Training school staff to identify and refer students with emotional or family problems that the school cannot manage**
- **Assisting peer educators to recognize students with problems that require professional help and to make effective and appropriate referrals**

chapter 8

Resources

This chapter contains four kinds of resources for educators and staff in community-based organizations interested in establishing a HIV/AIDS prevention program: organizations dealing with HIV/AIDS and adolescents; hotlines (AIDS and others); World Wide Websites; and the publications of the New York High School AIDS Evaluation Consortium.

National Organizations

AIDS Action Council, 1875 Connecticut Ave., NW, Ste. 700, Washington, DC 20009; (202) 986-1300; WWW.aids.action.org; advocates at the federal level for more effective AIDS policy, legislation, and funding.

AIDS National Interfaith Network, 1400 I St., NW, Ste. 1220, Washington, DC 20005-2280; (202) 842-0010; a network of more than 2,000 AIDS ministries that support care for people with HIV/AIDS.

American Civil Liberties Union AIDS Project, 125 Broad St., 18th Floor, New York, NY 10004, 212-549-2500; provides legal support in court cases related to HIV/AIDS.

Centers For Disease Control and Prevention, National Prevention Information Network/National Aids Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003, 1-800-458-5231; 1-800-243-7012 (deaf access/TDD); 1-301-217-0023 (international); provides a wide range of information, publications and other resources and technical assistance on HIV/AIDS.

Council of Chief State School Officers Center on Educational Equity HIV Education Project, One Massachusetts Ave., NW, Ste 700, Washington, DC 20001; (202) 336-7035; http://www.ccsso.org; assists chief state school officers and state education agencies in (1) providing effective education about HIV/AIDS within comprehensive school health programs and (2) building interagencies and cross-sector collaborative efforts to improve health and educational outcomes for students, through its HIV/School Health Project.

Council of National Religious AIDS Network, 1400 I St., NW, Washington, DC 20005; (202) 842-0010; an ecumenical organization of faith-based AIDS projects.

Gay and Lesbian Medical Association, 459 Fulton St., Ste 10, San Francisco, CA 94102; (415) 255-4547; an organization of 2,000 lesbian, gay, bisexual, and transgendered physicians, medical students, and their supporters in all 50 states and 12 countries; advocates for quality health care for members and members' communities and for HIV-positive individuals.

The Learning Partnership, P.O. Box 199, Pleasantville, NY 10570; 1-800- 551-7672; publishes Straight Talk, a magazine-style health education and risk-reduction program for adolescents.

Mother's Voices, 165 West 46 St., Ste 701, New York, NY 10036; (212) 730-2777; http://www.mvoices.org/; an educational advocacy organization that promotes public policies that advance AIDS education, prevention, research, treatment and, ultimately, a cure.

NAMES Projects Foundation, 310 Townsend St., Ste 310, San Francisco, CA 94107; (415) 882-5500; http://www.aidsquilt.org/; provides information on the AIDS quilt.

National Alliance of State and Territorial AIDS Directors (NASTAD), 444 North Capitol St., NW, Ste 339, Washington, DC 20001; (202) 434-8090; administers HIV/AIDS health care, prevention and support programs.

National Association of People with AIDS, 1413 K ST., NW, Washington, DC 20005; (202) 898-0414; offers prevention, treatment, and public policy, information and referral.

National Catholic AIDS Network, P.O. Box 422984, San Francisco, CA 94142-2984; (707) 874-3031; a network of Catholic AIDS ministries.

National Coalition of Hispanic Health and Human Services Organizations (COSSMHO), 1501 16 St., NW, Washington, DC 20036-1401; (202) 387-5000; provides training and technical assistance on HIV/AIDS prevention program planning, implementation, and evaluation in Hispanic communities.

National Council of La Raza, AIDS Center, 1111 19 St., NW, Ste. 1000, Washington, DC 20036; (202) 785-1670; provides national capacity-building technical assistance to reduce spread of HIV.

National Education Association Health Information Network, 1201 16 St., NW, Ste. 521 Washington, DC 20036; (202)822-7570; provides schools with information on health issues of concern to students and school personnel.

National Gay and Lesbian Task Force and Policy Institute, 2320 17 St., NW, Washington, DC 20009-2702; (202) 332-6483; provides support to local and statewide gay and lesbian organizations, and advocates nationally on policy issues.

National Hemophilia Foundation, 116 W. 32 St., 11th fl., New York, NY 10001; (212) 328-3700; provides information and services to people with hemophilia and their families.

National Minority AIDS Council, 1931 13 St., NW, Washington, DC 20009; (202) 483-6622; lends visibility, leadership, comprehensive technical assistance and a powerful voice to frontline AIDS workers.

National Native American AIDS Prevention Center, 134 Linden St., Oakland, CA 94607; (510) 444-2051; toll-free fax-back service 1-800-283-6880; provides technical assistance and operates a clearinghouse for Indian-specific AIDS and STD information.

National Pediatric and Family HIV Resource Center, Children's Hospital of New Jersey, University of Medicine and Dentistry of New Jersey, 30 Bergen St., ADMC #4, Newark, NJ 07107; (973) 972-0410 or 1-800-362-0071; provides consultation, technical assistance, and training for health care providers.

National Task Force on AIDS Prevention, 973 Market St., Ste 600, San Francisco, CA 94103; (415) 356-8100; largest national provider of HIV/AIDS services by and for communities of color.

National Women's Health Network, 514 10 St., NW, Ste 400, Washington, DC 20004; (202) 347-1140, or clearinghouse (202) 628-7814; acts as a clearinghouse for information on women's health.

Planned Parenthood Federation of America. For center nearest you, call 1-800-230-PLAN. Contact: 810 Seventh Ave., New York, NY 10019; (212) 541-7800; supports family planning services, reproductive health care, and sexuality education.

Sexuality Information and Education Council of the United States (SIECUS), 130 West 42 St., Ste

350, New York, NY 10036-7901; (212) 819-9770; national resource center on sexuality education, with materials for teachers, parents, and health professionals.

United States Conference of Mayors, 1620 Eye St., NW, Washington, DC 20006; (202) 293-7330; provides grants for HIV prevention activities and technical assistance.

U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Ave., SW, Room 502E, Washington, DC 20201; (202) 619-0403; works to end discrimination against individuals with handicaps, including AIDS.

Visual AIDS, 526 W 26 St., Room 510, New York, NY 10001; (212) 627-9855; provides direct service to artists living with AIDS/HIV.

National Hotlines

There are two major national hotlines for information about HIV/AIDS: one is operated by the CDC's National AIDS Clearinghouse, and the other under a CDC contract, by the American Social Health Association. Both have information in Spanish and English.

CDC National AIDS Clearinghouse Hotline: 1-800-458-5231; 1-800-243-7012 (deaf access/TDD); 1-301-217-0023 (international); provides a wide range of information, publications and other resources and technical assistance on HIV/AIDS. Hotline has many options in English and Spanish, including a 24-hour "fax-back" service for ordering CDC publications on HIV/AIDS; HIV/AIDS in the workplace; treatment for HIV/AIDS and ongoing trials; and answers to personal questions. Operates weekdays from 9:00 a.m. to 6:00 p.m. EST.

CDC National HIV and AIDS Hotline: 1-800-342-AIDS. Available for individual and group (classroom conference calls). Operates 24 hours a day, seven days a week; responds to over 2000 calls a day.

Teen AIDS Hotline: 1-800-440-TEEN; operated by American Red Cross; open Friday and Saturday evenings from 6:00 p.m. to 12 midnight, EST; run by teens; some Spanish-speaking teens available to answer questions.

Other Hotlines

TEENS TAP (Teens Teaching AIDS Prevention)
1-800-234-TEEN

CDC National STD
Hotline 1-800-227-8922

National Clearing House for Alcohol and Drug Information
1-800-729-6686

National Hemophilia Foundation
1-212-219-8180

National Child Abuse Hotline
1-800-422-4453

National Pediatric HIV Resource Center
1-800-362-0071

National Runaway Switchboard
1-800-621-4000

National HIV Consultation Services
1-800-933-3413

National Native American AIDS
Hotline 1-800-283-6880

Rape Abuse & Incest National Network
1-800-656-HOPE

World Wide Web Sites

Two major HIV/AIDS websites are described below (the website addresses of some organizations are contained in the list of HIV/AIDS organizations above). From both of these two websites, you can link to dozens of other sites.

Center for Disease Control and Prevention's National AIDS Clearinghouse:
http://www.cdcnpin.org.
This is a very rich website and contains information on many aspects of the HIV/AIDS epidemic, including statistics, information on clinical trials, and materials, posters, fact sheets, brochures, slides, and public service announcements for youth, to be ordered on-line free of charge. For example, high school educators could order *Locating Basic Resources about HIV/AIDS: For Secondary School Students* (NAC publication # 317) from the Internet order form or by calling 1-800-458-5231.

National AIDS Hotline website:
http://www.ashastd.org;
Operated under contract from CDC by the American Social Health Association, another very rich website with information, resources, and a very easy link-page connecting to over 35 other HIV/AIDS links, including the Names Project, the Mothers Voices website, and the AIDS Virtual Library.

Publications of the New York High School AIDS Evaluation Consortium

"Attitudes about AIDS Education and Condom Availability Among Parents of High School Students in New York City: A focus Group Approach," *AIDS Education and Prevention*, February 1997.

"Findings from the Evaluation of the AIDS Education and Condom Availability Program in the New York City Public High Schools," a brochure

"An Evaluation of the Impact of the New York City High School AIDS Education and Condom Availability Program," *American Journal of Public Health*, September 1997.

"Gender Differences in Attitudes and Use of Condom Availability Programs Among Sexually Active Students in New York City, *American Medical Women's Association*, July 1995.

"Parents' Attitudes and Beliefs About HIV/AIDS Prevention and Condom Availability in New York City Public Schools," *Journal of School Health*, March 1995.

The above materials are available free of charge from Alice Radosh, Academy for Educational Development, 100 Fifth Avenue, New York, NY 10011; 212-367-4565; e-mail aradosh@aed.org.

AED

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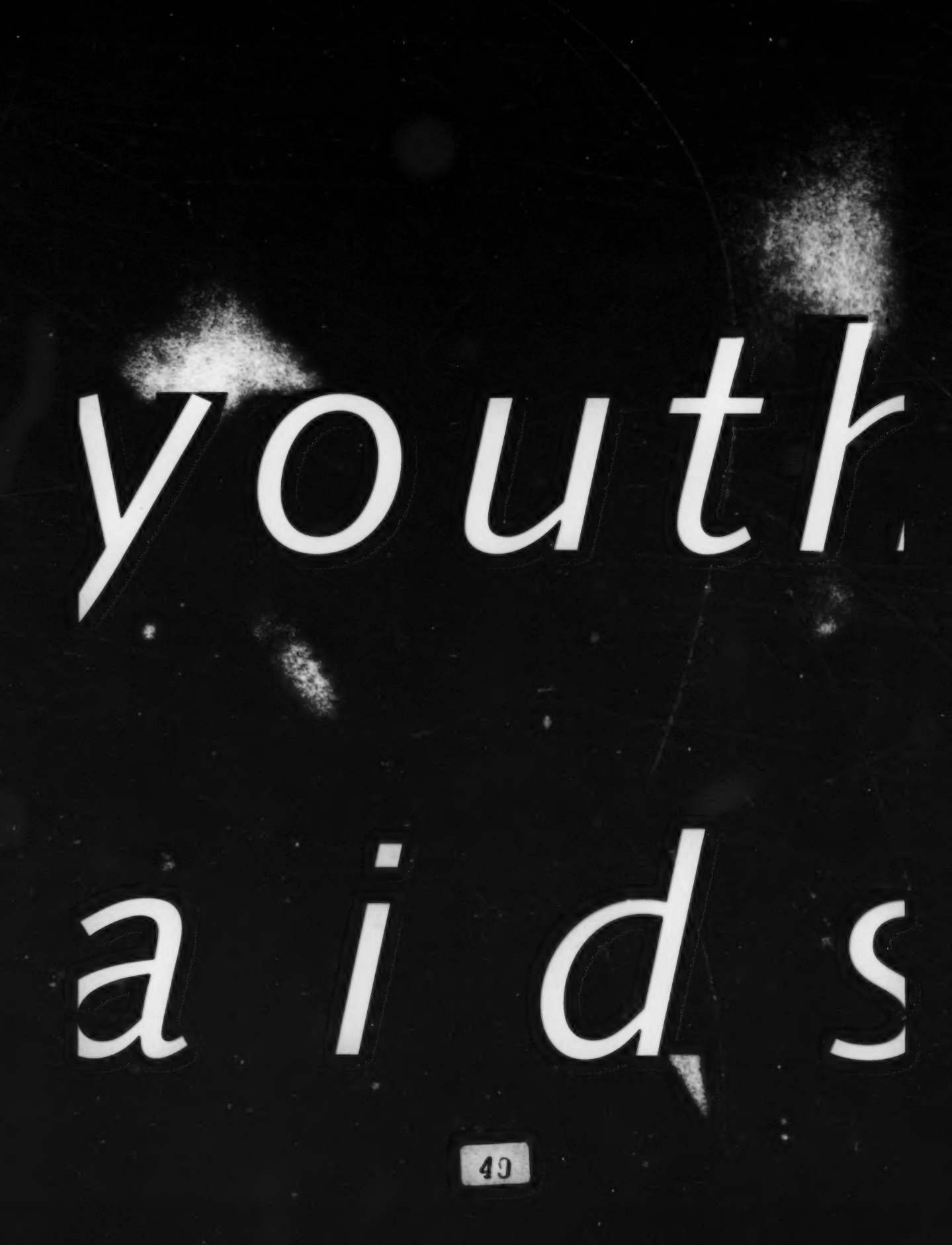
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